



# Stress Management in the Homeless Population

## Introduction (CH)

Mindfulness based stress reduction (MBSR) was developed in 1979 at the University of Massachusetts Medical Center. Originally designed for those with chronic pain or illness, MBSR is now noted to have substantial benefits for individuals with many different physical, psychological, and emotional disorders. The homeless population has many stressors that we feel can be addressed using the MBSR technique.



## Supportive Data (JB, CH)

- Clinically standardized meditation with consistent efficacy in stress reduction (Chiesa & Serretti, 2009)
- Decreases rumination and anxiety,  $p < 0.05$  (Chiesa & Serretti, 2009)
- Evidence supports MBSR improves mental health and helps prevent depressive relapse (Fjorback, Arendt, Ornbol, Fink, & Walach, 2011)
- Increase in mindfulness was significantly related to a decrease in depressive symptoms, stress, medical symptoms, and increase in overall sense of coherence (Dobkin & Zhao, 2011)

## Program Development (JB, CH, ES)

### Location and Population

Residents of a local homeless shelter who are currently employed (could be working around the shelter rather than formal employment)

### Conditions of Implementation

Small room for meditation or yoga, soft music, soft lighting, instructor trained in MBSR and yoga to meet twice weekly, on-site physician approval for any contraindications (heart conditions, musculoskeletal injuries, etc.)

### Tools

Music player, yoga mats, water, trained instructor

### Outcomes/Goals

Stress reduction will be identified by an increase in job performance within a two month period. Individual post-survey results will show a significant reduction in perceived daily stress level.

### Steps

- Advertise and encourage residents at a local shelter to participate in MBSR sessions biweekly. Establish commitment.
- Administer pre-MBSR stress surveys to participants and job performance surveys to their employers.
- Participating residents attend formal MBSR classes biweekly for two months, and are encouraged to use informal MBSR techniques during daily activities.
- Administer post-surveys to the participants (stress survey) and employers (job performance survey)

## Theoretical Model (ES)

### Health Promotion Model

This model encompasses necessary factors pertaining to our population such as demographic and biologic factors, interpersonal and situational influences, and behavioral factors. The Health Promotion Model depicts the multidimensional nature of persons interacting with their interpersonal and physician environments as they pursue health (Pender et al., 2011)



## References

- Chiesa, A., & Serretti, A. (2009). *Mindfulness-based stress reduction for stress management in healthy people: A review and meta-analysis (structured abstract)*. ( No. 15).
- Dobkin, P. L., & Zhao, Q. (2011). Increased mindfulness – the active component of the mindfulness-based stress reduction program? *Complementary Therapies in Clinical Practice*, 17(1), 22-27. doi:10.1016/j.ctcp.2010.03.002
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- Pender, N. J., Murdaugh, C. L., & Parsons, M. A. (2011). *Health Promotion in Nursing Practice*. (6th Ed). Upper Saddle River, NJ: Prentice Hall